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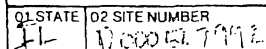
FEB 07 1984

EPA Region 5 Records Ctr.



315232

EPA		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
01 SITE NAME (Legal, common, or descriptive name of site) General Electric Co.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 709 W. Wall St.		01 STATE IL	02 SITE NUMBER 005232992
03 CITY Morrison	04 STATE IL	05 ZIP CODE 61270	06 COUNTY Whiteside	07 COUNTY CODE 195	08 CONG DIST 16
09 COORDINATES LATITUDE 414842.0 LONGITUDE 0895342.0		Morrison Quadrangle			
10 DIRECTIONS TO SITE (Starting from nearest public road) Turn South off Rte 30 onto Heaton St. Turn Right at Wall St.					
III. RESPONSIBLE PARTIES					
01 OWNER (If known) General Electric Co.		02 STREET (Business, mailing, residential) 1101 Wall St., P.O. Box 2230			
03 CITY Fort Wayne	04 STATE IN	05 ZIP CODE 46804	06 TELEPHONE NUMBER 219428-2000		
07 OPERATOR (If known and different from owner) General Electric Co		08 STREET (Business, mailing, residential) 709 West Wall St.			
09 CITY Morrison	10 STATE IL	11 ZIP CODE 61270	12 TELEPHONE NUMBER (815) 772-2131		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: 2/1/80 MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES    DATE 12/20/82 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Sludge (Toxic, Persistent) Solvents (Toxic) Heavy Metals (Toxic)					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION None					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one, if high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT Robert C. Munger		02 OF (Agency/Organization) IEPA/Div. of Land Pollution Control		03 TELEPHONE NUMBER (815) 987-7404	
04 PERSON RESPONSIBLE FOR ASSESSMENT Robert C. Munger		05 AGENCY IEPA	06 ORGANIZATION DLPC	07 TELEPHONE NUMBER (815) 987-7404	08 DATE 12/27/83 MONTH DAY YEAR



## EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE IL 02 SITE NUMBER 000527992

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ (Acres) 04 NARRATIVE DESCRIPTION

None

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL 00005272992

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills runoff standing liquids leaking drums)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_

04 NARRATIVE DESCRIPTION

None

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 0

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

IEPA files Rockford Region



## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

## MEMORANDUM

DATE: January 31, 1984

TO: R.A. Wengrow

FROM: R.L. Munger *RLM*

SUBJECT: 19503503 - Whiteside County  
Morrison/General Electric Company  
ILD005272992  
Preliminary Assessment

RECEIVED  
FEB 07 1984  
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY  
STATE OF ILLINOIS

This is a manufacturer of switches and other electrical and electronic equipment which generates the following hazardous wastes:

Plating sludge (F006) 56 yds. annually, 1,1,1 trichloroethane (F001) 150 to 200 drums annually, trichlorotrifluoroethane (F002) 75 drums annually, Ethanol (D001) 25 drums annually, Mercury (U151) 10 cubic feet annually.

The ISS inspection done 12/20/82 revealed some violations of RCRA standards which were subsequently corrected.

There is no information in the file which indicates the site was used for disposal of hazardous waste or that other releases of hazardous waste have occurred. Therefore, no inspection by the Field Investigation Team is recommended.

This site may have been listed because General Electric used the City Dumps in Morrison (ILD980616395 & ILD980606727).

bp

cc: Division File  
Rockford Region  
Dave Jansen (2)  
R.L. Munger